

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 50

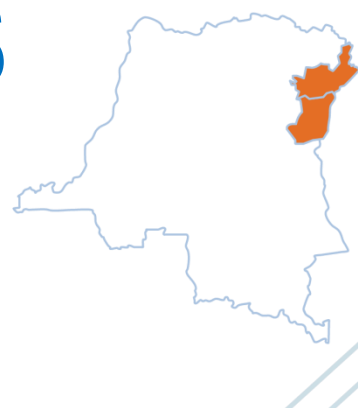


World Health  
Organization

REGIONAL OFFICE FOR  
Africa

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Date of issue: 16 July 2019

Data as reported by: 14 July 2019

### 1. Situation update



The outbreak of Ebola virus disease (EVD) in North Kivu and Ituri provinces, Democratic Republic of the Congo (DRC) continued this past week with an overall similar transmission intensity compared to recent weeks.

On 14 July 2019, a confirmed case of EVD was reported in Goma, a city of two million inhabitants close to the Rwandan border. The case was a man who had travelled to the city from Butembo by bus and visited a healthcare centre with fever. He was initially admitted at an Ebola Treatment Centre (ETC) in Goma and died while being transferred to the ETC in Butembo. The case's full travel history is known, and all contacts are being identified and followed-up. Vaccination of high-risk contacts commenced on 15 July 2019. The confirmation of a case in the city of Goma has long been anticipated, and there has been intensive preparation work for the past six months. At the time of this report's publication, approximately 3000 health workers had been vaccinated, and healthcare centres were provided with intensive training and personal protective equipment to improve infection prevention and control (IPC), while surveillance teams continue with enhanced alert investigations and contact tracing efforts.

On 9 July 2019, an EVD case was reported from Mambasa. The case was a known contact whose mother died in Beni in mid-June 2019. He started experiencing symptoms while traveling from Beni to Mandima with a family member on 4 July 2019. The case was admitted to a healthcare centre in Mandima before being transferred to the regional hospital in Mambasa where he subsequently died. In response to this case, vaccinations have been completed for at least 140 individuals at this time, including 60 contacts, and 15 frontline workers.

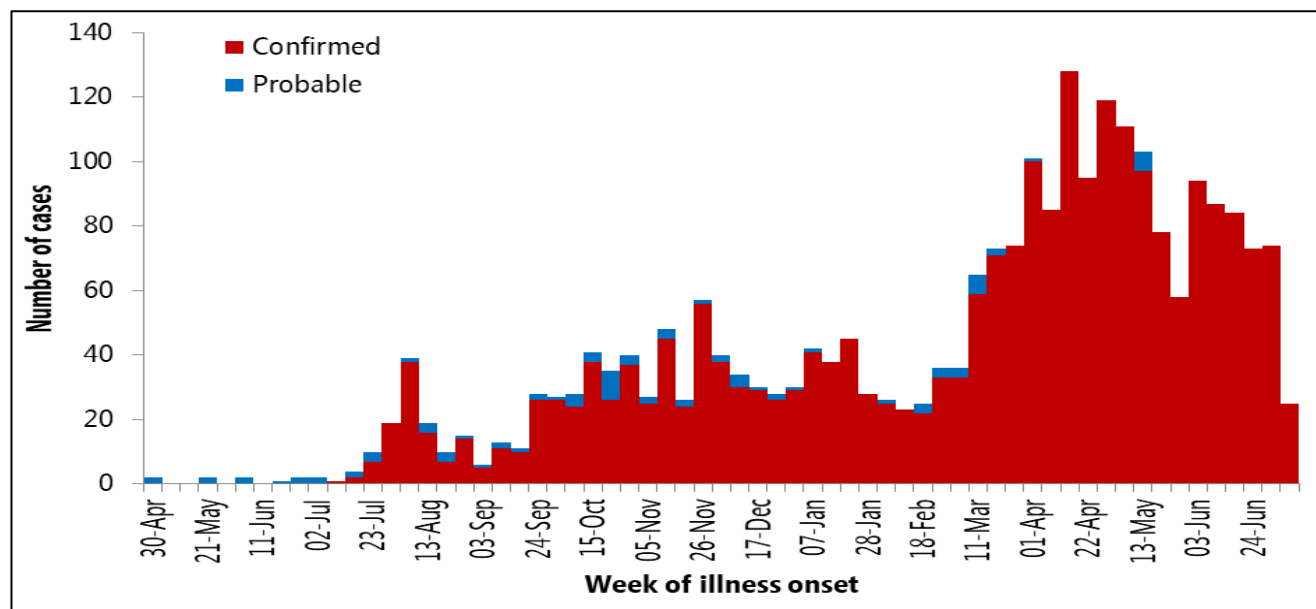
Overall, EVD case incidence rates remained largely unchanged in the past week (Figure 1). In the 21 days between 24 June to 14 July 2019, 73 health areas within 22 health zones reported new cases, representing 11% of the 664 health areas within North Kivu and Ituri provinces (Table 1 and Figure 2). During this period, a total of 254 confirmed cases were reported, the majority of which were from the health zones of Beni (48%,  $n=121$ ) and Mabalako (16%,  $n=41$ ), which are the main active areas in the outbreak.

As of 14 July 2019, a total of 2501 EVD cases, including 2407 confirmed and 94 probable cases, were reported. A total of 1668 deaths were reported (overall case fatality ratio 67%), including 1574 deaths among confirmed cases. Of the 2501 confirmed and probable cases with known age and sex, 57% (1419) were female, and 29% (718) were children aged less than 18 years. Cases continue to rise among health workers, with the cumulative number infected increasing to 135 (5% of total cases).

The spread of EVD into new geographical areas further contributes to the general increase in security incidents. Two DRC nationals involved in the outbreak response, a community leader and local volunteer, were killed in separate locations in Beni, reportedly by local armed militia. The underlying motive and possible relationship between these two killings in separate locations remain unknown at this time. Security forces are currently conducting an investigation into these two fatalities.

The Director-General will convene the Emergency Committee under the International Health Regulations (IHR) to review the situation on the Ebola outbreak in the Democratic Republic of the Congo. This is the fourth time the Director-General convenes the Committee for this event since the start of the outbreak in August 2018 (previous meetings were held in October 2018, April 2019, and June 2019). The committee will discuss whether the event constitutes a public health emergency of international concern (PHEIC), and if yes, propose Temporary Recommendations under the IHR.

**Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 14 July 2019**

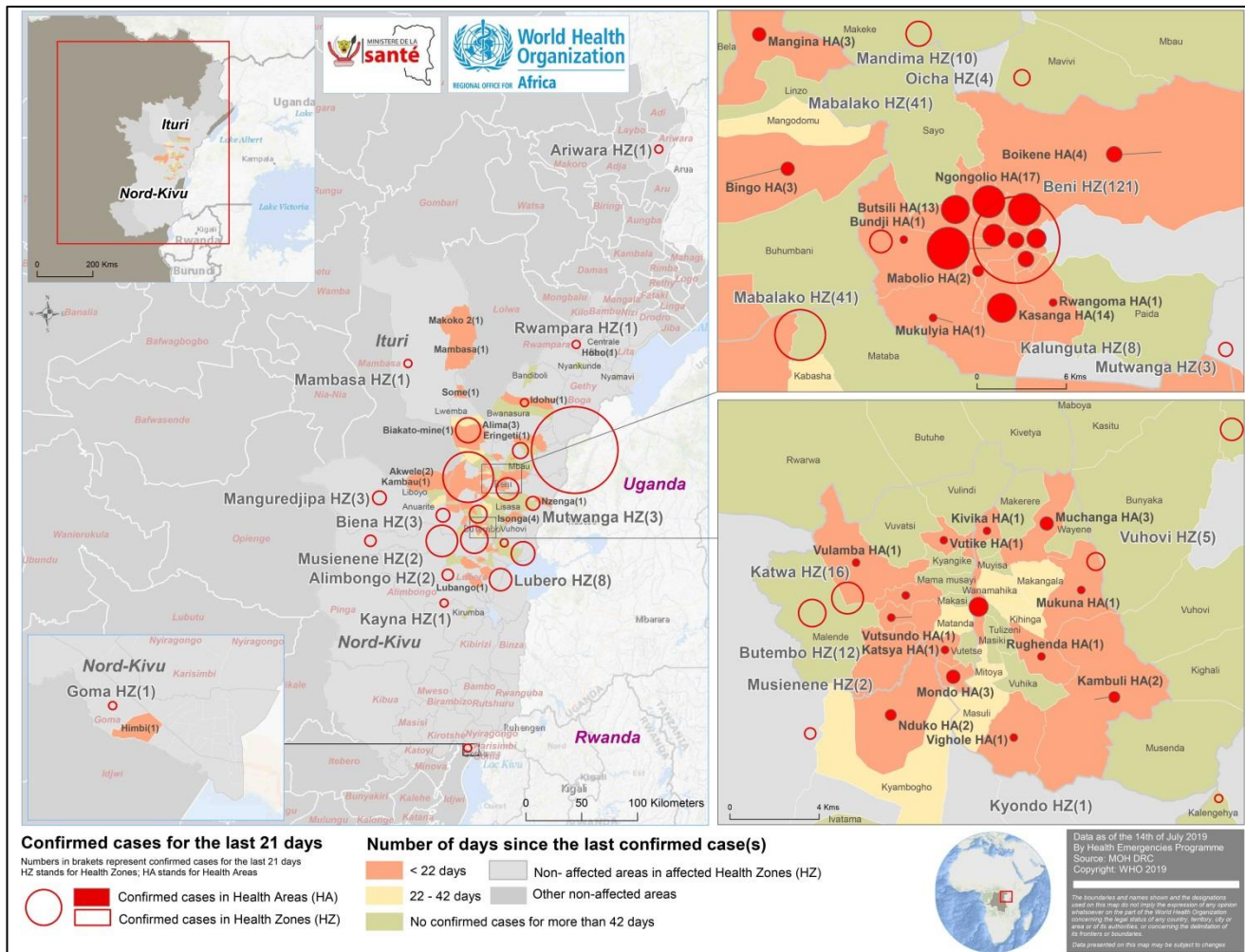


**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 14 July 2019**

Province	Health Zone	Health areas reporting at least one case in previous 21 days / Total number of Health Areas	Cumulative cases by classification			Cumulative deaths		Confirmed cases in the last 21 days
			Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	
North Kivu	Alimbongo	2/20	4	0	4	2	2	2
	Beni	15/18	470	9	479	287	296	121
	Biena	3/14	15	1	16	12	13	3
	Butembo	7/15	255	0	255	290	290	12
	Goma	1/10	1	0	1	0	0	1
	Kalunguta	4/18	128	15	143	54	69	8
	Katwa	7/18	619	16	635	425	441	16
	Kayna	1/18	9	0	9	5	5	1
	Kyondo	1/22	22	2	24	13	15	1
	Lubero	4/18	28	2	30	4	6	8
	Mabalako	6/12	346	16	362	240	256	41
	Manguredjipa	2/9	19	0	19	11	11	3
	Masereka	3/16	47	6	53	15	21	9
	Musienene	1/20	71	1	72	29	30	2
Mutwanga	2/19	11	0	11	6	6	3	
Oicha	4/25	45	0	45	24	24	4	
Vuhovi	2/12	90	13	103	33	46	5	
Ituri	Ariwara	1/21	1	0	1	1	1	1
	Bunia	0/20	4	0	4	4	4	0
	Mambasa	1/16	31	9	40	13	22	1
	Komanda	1/15	1	0	1	1	1	1
	Mandima	4/15	179	4	183	99	103	10
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	1/11	8	0	8	3	3	1
	Tchomia	0/12	2	0	2	2	2	0
<b>Total</b>		<b>73/406 (18%)</b>	<b>2407</b>	<b>94</b>	<b>2501</b>	<b>1574</b>	<b>1668</b>	<b>254</b>

Note: Attributions of cases notified in recent days to a health zone are subjected to changes upon in-depth investigations

**Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases by health area, North Kivu and Ituri provinces, Democratic Republic of the Congo, 14 July 2019**



*\*Data are subject to delays in case confirmation and reporting, as well as ongoing data cleaning and reclassification – trends during recent weeks should be interpreted cautiously.*

## 2. Actions to date

The Ministry of Health (MoH) and other national authorities in the Democratic Republic of the Congo, WHO, and partners are implementing several outbreak control interventions together with teams in the surrounding provinces, who are taking measures to ensure that they are response-ready.

An overview of key activities is summarized below:

### Surveillance and Laboratory

- ➔ Over 140 000 contacts have been registered to date and 18 805 are currently under surveillance as of 14 July 2019. Follow-up rates remained very high (85-89% overall) in health zones with continued operations.
- ➔ An average of 1722 alerts were received per day over the past seven days, of which 1605 (93%) were investigated within 24 hours of reporting.
- ➔ There are eight laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo, located in Mangina, Goma, Komanda, Beni, Butembo, Katwa, Bunia, and Kinshasa. All the laboratories are using GeneXpert as the primary diagnostic tool.
- ➔ A laboratory with the capacity to sequence whole virus genome has been established in Katwa to support virus transmission chain analysis. Sequencing support is also available at the Kinshasa INRB laboratory.

### Case management

- ➔ There are currently 14 operational treatment and transit centres (TC).
- ➔ On 24 November 2018, MoH announced the launch of a randomized control trial (RCT) for Ebola therapeutics. The RCT is now enrolling and treating patients at Ebola treatment centre (ETC) sites in Beni, Butembo, Katwa, and Mangina.
- ➔ The ETCs in Komanda and Bunia continue to enrol confirmed patients into the compassionate use, MEURI, protocol. All patients cared for in ETCs also receive optimized supportive care.
- ➔ The Mangina ETC/TC has expanded its bed capacity to 90, in order to manage the increased number of suspected and confirmed cases. The Bunia TC has been converted to an ETC. The decentralized approach to transit centres is expanding, with the opening of a decentralized transit centre in Vuhovi on 2 July by the MoH and ALIMA.
- ➔ The ETC in Goma has been fully operational since February 2019, and that is where the current case is being treated.

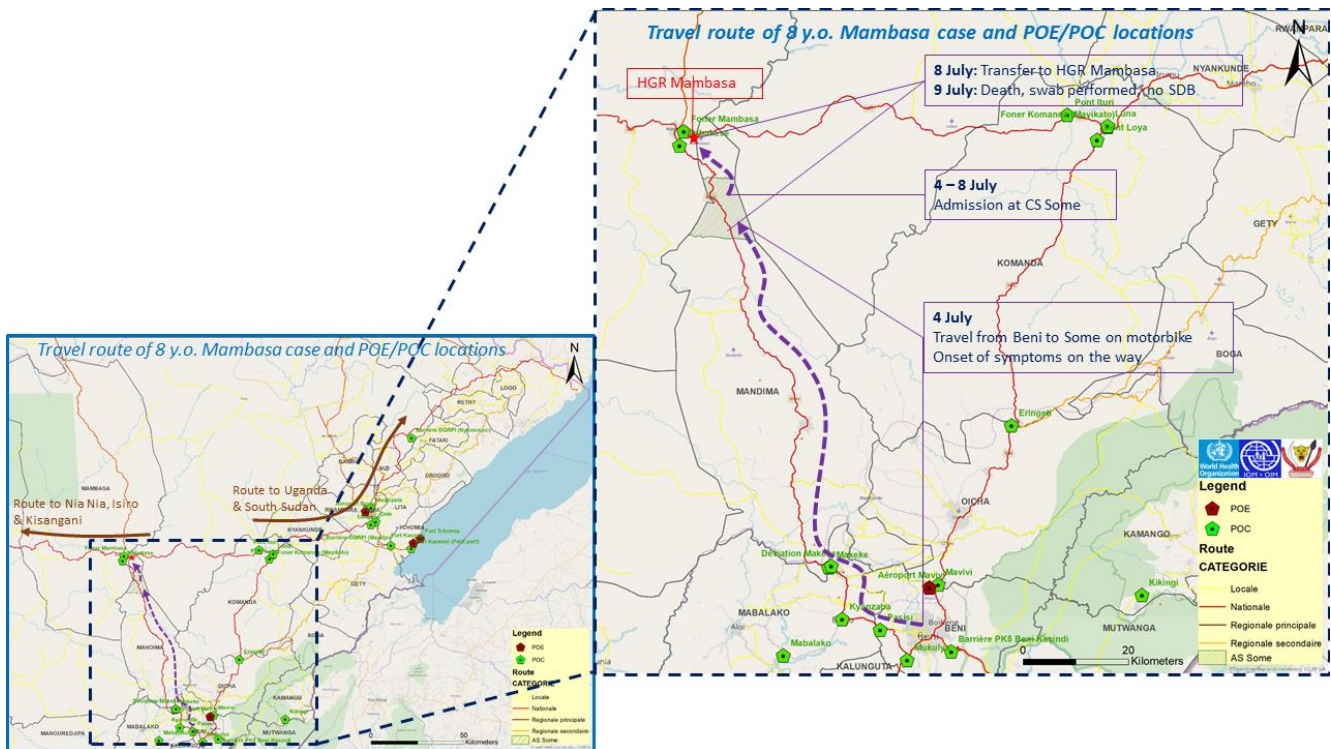
## Infection prevention and control (IPC) and Water, Sanitation and Hygiene (WASH)

- ➔ IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on decontamination, briefing of healthcare workers (HCW) on basic IPC principles, evaluation of IPC practices, and provision of supplies. In communities, teams are supporting decontamination of households where confirmed cases have stayed and provision of supplies.
- ➔ Since August 2018, 11% (28/259) of nosocomial infections have occurred in Mabalako and 9% (26/259) in Beni. Of the 28 nosocomial infections in Mabalako, 93% have occurred since 1 April 2019. Of the 26 nosocomial infections in Beni, 62% have occurred since 1 April 2019. Additionally, 20% (27/132) of healthcare worker cases occurred in Mabalako and 16% (21/132) in Beni. Of the 27 HCW cases in Mabalako, 48% have been reported since 1 April 2019. Of the 21 HCW cases in Beni, 33% have been reported since 1 April 2019.
- ➔ Infection, prevention and control activities have started in Ariwara Health Zone, including evaluation of the IPC capabilities of three health facilities, briefing of health workers on specimen collection and preservation, preparation of an isolation room and the start of formation of 59 core IPC focal points on the Aloya, Mabalako and Ngazi axes.

## Points of Entry (PoE)

- ➔ By the end of week 28 (week ending 14 July 2019), over 75 million screenings were performed, including 2 172 738 screenings during this last week. This week, a total of 78 alerts were notified, of which 30 were validated as suspect cases following investigation; none were returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1 603, with 669 validated as suspect cases, and 21 subsequently confirmed with EVD following laboratory testing. An average of 79 of the 85 functional PoEs and PoCs reported screenings daily this week (93%).
- ➔ Four high-risk contacts were intercepted at various PoE/PoCs this week. On 10 July, at Kiwanja PoC, two boys aged 4 years and 6 years from Kayna were intercepted travelling to Goma accompanied by their father. They had been lost to follow up for 19 days. On the same day, a 23-year-old woman was intercepted at the same PoC; she was a known high-risk contact, linked to the confirmed case in Komanda on 1 July 2019 and never seen. On 14 July, another 23-year-old woman high risk contact, lost to follow up for 12 days, was intercepted at Kanyabayonga PoC travelling from Beni to Goma. All the intercepted contacts were unvaccinated. Upon interception, they were rerouted back to their origin, together with the persons accompanying them.
- ➔ Following the recent reporting of EVD cases in Ariwara, Mambasa and Goma, the PoE sub-commission is evaluating and tightening the quality of screening at PoEs and PoCs along the major transportation axes. Joint supervision missions were organized, and staff were re-trained on how to conduct health screening, manage alerts, provide risk communication, implement basic IPC, as well as manage the POE/POC environment.

**Figure 3: Estimated travel route of case detected in Mambasa Health Zone, Ituri Province, on 9 July 2019 and PoEs/PoCs around the route**



- This week, the Sub-Commission also placed additional teams at Goma International Airport to perform health screening for travellers arriving at night from affected zones.
- IOM continues to strengthen the capacity of PoE/PoC frontline workers to improve the quality of surveillance at PoE/PoCs; this week the focus was Butembo and Goma. A total of 105 frontline workers (60 men, 45 women) were trained.

### South Sudan

- IOM screened 24,370 inbound travellers to South Sudan for EVD exposure and symptoms with no alert cases at 15 PoE sites; 31 travellers with fever underwent secondary screening and were subsequently referred and treated for malaria, pneumonia or respiratory tract infection. The screening includes a newly established PoE in Isebi, Morobo County. Training on EVD screening and all the SOPs on EVD surveillance for the 10 recruited screeners/volunteers in the newly operational Isebi PoE was completed. The active IOM-supported PoE sites are Lasu, Yei Airport, Yei SSRRC, Tokori, Kaya, Bazi, Salia Musala, Okaba, Kor Kaya (along Busia, Uganda border) and Isebi in Morobo County, Pure, Kerwa, Khorijo, Bori in Kajokeji and Birjo in Lainya County.

The latest sitrep for IOM South Sudan (1-7 July 2019) can be accessed from: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-27-01-07-july-2019>.

## Uganda

- ➔ IOM supported the Ministry of Health of Uganda in the organization of a three-day cross border meeting between DRC and Uganda for the joint review of current strategies and planning and as a means to strengthen coordination of EVD interventions across the border. The meeting was held in Kasese, with 7 participants from DRC and 36 from Uganda. The participants included Ministry of Health staff, WHO, UNICEF, Red Cross, Security, Immigration, customs, National NGOs, district task force and other partners from both countries.
- ➔ Following a Training-of-Trainers (ToT) for 14 officers from the Immigration, Office of the Prime Minister, Ministry of Health, Customs, Agriculture, and Police, IOM conducted a cascade training on Health, Border and Mobility Management for 19 persons in the district of Kasese. The objective of the integrated training was to strengthen the Government of Uganda's capacities, especially the border management agencies' capacity to address challenges at the onset of humanitarian and health crises. This training's major focus aims to bridge public health, mobility tracking and border management to improve prevention, detection and response to the spread of disease along the mobility continuum.

## Safe and Dignified Burials (SDB)

- ➔ As of 15 July 2019, there have been a total of 8566 SDB alerts notified through the Red Cross SDB database, of which 6875 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During epi week 28, there were 468 SDB alerts recorded in 22 health zones. Of these, 378 (81%) were responded to successfully. During this period, Beni Health Zone accounted for 13% of alerts (of which 87% were successful), followed by 12% in Bunia (67% success) 11% in Katwa (94% success), and 7% in Butembo (94% success).
- ➔ Health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Beni, Biena, Butembo, Kalunguta, Katwa, Kayna, Komanda, Kyondo, Lubero, Mabalako, Mandima, Masereka, Oicha, Vuhovi	Bunia, Goma, Kirotshe, Manguredjipa, Musinene, Mutwanga, Nyiragongo, Rwanpara

## Implementation of ring vaccination protocol

- ➔ As of 13 July 2019, 161 400 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 37 373 are contacts and 67 756 contacts-of-contacts. The total number of vaccines includes 31 016 HCWs/FLWs and 34 522 children 1-17 years of age.
- ➔ Despite the challenges in the field and considering the cases reported between 30 April 2019 and 20 May 2019, only 31/337 (9.2%) of the cases do not have a ring defined and their contacts and contacts-of-contacts vaccinated. For 113/337 (33.5%) of the cases the ring vaccination was completed and for 193/337 (57.2%) ring vaccination was ongoing at the time of writing this report. This important progress is the result of the use of innovative delivery strategies (i.e. pop-up vaccination and targeted geographic vaccination) and strong community negotiations and engagement.



## Risk communication, social mobilization and community engagement

- ➔ Due to the disproportionately high number of children affected by EVD, more efforts are being made to engage students and teachers through awareness raising about the signs and symptoms of Ebola and the importance of triggering alerts on a suspect case so that early care can be provided in dedicated health facilities.
- ➔ Engagement with moto-taxi drivers is being increased, with the recognition of the importance of their role in community surveillance activities.
- ➔ In Beni, a talk session was held with the population of the Rwangoma health area, with the support of the customary chief, to improve acceptance of response actions around confirmed cases. In Lubero, an exchange session was held with women leaders in the Kipese health area to strengthen the participation of women in the management of community incidents and the response against EVD in Lubero Health Zone.
- ➔ Media coverage was provided on the occasion of the vaccination of Mbusa Nyamwisi, the political leader of the Nande community in Butembo; in Goma the Rutshuru area health management teams and nurses were briefed on risk communication and community engagement; in Katwa, the youth of the Mukondi cell sent public thanks to the response teams and the entire community at a mass organized to celebrate the last three months with no new confirmed cases in the Muchanga health area; a dialogue with leaders of the Kasalala and Baraka health areas to reinforce their involvement in community engagement and resistance in the Lubero Health Zone; a popular forum was held in Biasa market for the Vulindi health area population, with the participation of resistance groups, to address concerns and strengthen messages about the seriousness of EVD.

## Preparedness and Operations Readiness

Operational readiness in North Kivu and Ituri Provinces in the Democratic Republic of the Congo:

- ➔ Currently a risk analysis of the non-affected provinces bordering north Kivu is being undertaken and resources will be assigned according to those risks.
- ➔ The preparedness coordination centre in Goma reports preparedness activities directly to the response team. Goma provides a base for preparedness training in North Kivu and will eventually develop into a centre of excellence on EVD outbreak management.
- ➔ Six teams consisting of one WHO consultant and four MoH EVD experts each, are deployed in North Kivu and Ituri. The readiness teams have rolled out a standard package of readiness activities in the 50 non-affected health zones of North Kivu (18) and Ituri (32) provinces. Currently the readiness teams are working with local governments in training frontline health workers in IPC.
- ➔ Key Performance Indicators (KPIs) were recently assessed in 13/18 non-affected health zones in North Kivu. The three health zones closest to Goma scored approximately 70% on preparedness, while the next 10 health zones north and west of Goma scored 10-15% each.
- ➔ Readiness teams in North Kivu have identified 5/18 non-affected health zones (Binza, Katoyi, Kibua, Itebero and Bambo) to be covered by mobile teams where security issues prevent a continuous presence.

Operational readiness activities continue in priority 1 (Burundi, Rwanda, South Sudan, Uganda) and priority 2 (Angola, CAR, Congo, Tanzania, Zambia) countries neighbouring the Democratic Republic of the Congo:

### Priority 1 countries

- **Burundi**

In relation to the current EVD outbreak in the DRC, Burundi has not reported any confirmed case of EVD to date. Burundi is engaging in biweekly technical support meetings with the WCO and MoH to support the approval processes and cold chain logistics to accelerate vaccination of frontline workers in Burundi. Vulnerabilities among the population result from continued political instability, a weak health system, food insecurity and a high burden of infectious disease. For example, the number of malaria cases recorded since the start of 2019 is equivalent in number to 25% of the population.

- **Rwanda**

In relation to the current EVD outbreak in the DRC, Rwanda has not reported any confirmed case of EVD to date. Rwanda shares its full western border with the DRC, and it has identified 15 districts as high priority, hosting 185 health centres. The majority of the 148 000 registered refugees in Rwanda are from the DRC. Since April 2019, almost 600 frontline workers have been vaccinated in 8/15 high risk districts and vaccination is continuing. A second National EVD Preparedness Plan is being finalized and currently awaiting approval from the MoH. Isolation units at all main health facilities in high risk districts have been identified as a need. A high-level co-ordination advisory committee is being established to accelerate preparedness activities, however current funding to sustain EVD preparedness activities ended in June.

- **The Republic of South Sudan**

To date 2554 frontline workers have been vaccinated and no serious adverse effects have been reported. NTF published a second National EVD Preparedness Plan, April-September 2019 aimed at optimizing EVD preparedness and response by identifying prioritized activities.

Since August 2018, 25 screening sites at border entry points have been established; four isolation units have been established with dedicated ambulances; 900 frontline healthcare workers and community volunteers have been trained on signs, symptoms and protective measures, including infection prevention and control; 28 Rapid Response Teams (RRTs) have been trained and equipped to respond to alerts; and personal protective equipment (PPE) has been pre-positioned in high-risk locations including screening and surveillance points. In response to the EVD outbreak declared by the MoH in Uganda on 11 June 2019 Uganda, WHO South Sudan supported the Ministry of Health and partners to review the situation, re-assess the country risk, brainstorm on how to accelerate ongoing preparedness efforts and ensure full readiness for any potential outbreak in South Sudan.

- **Uganda**

Following the recent confirmed cases in Kasese district, Uganda continues focusing on preparedness activities in all districts, including the 30 high-risk districts, through active surveillance in all communities, health facilities and at formal and informal border crossings. Alert cases continue to be identified, isolated, treated and blood samples collected for testing by the Uganda Virus Research Institute (UVRI). Since August 2018, Uganda has reported and investigated over 6000 alerts. Initially, 4915 health workers in 150 health facilities were vaccinated, followed by a second round of vaccination that commenced on Saturday 15 June 2019, following the two confirmed cases declared by the MoH. Challenges in funding continue, with the remaining support personnel contracts ending by the end of June and mid-July 2019.

## Priority 2 Countries

Angola, Central Africa Republic, Congo, Tanzania and Zambia do not have any confirmed case of EVD related to the DRC outbreak to date. However, financial support for implementing emergency preparedness activities in these countries remains insufficient to allow them to reach optimal IHR core compliance. WHO is currently providing technical support for preventative vaccination approvals in priority 2 countries. Vulnerabilities in these countries include over 2.3 million people facing food insecurity due to drought in the next 4-5 months in Angola; CAR remains politically volatile; and Tanzania and Zambia experience high mobility across borders and currently host over 325 000 and 78 000 refugees respectively.

## Operational partnerships

- ➔ Under the overall leadership of the MoH, WHO is supporting all major pillars of the EVD preparedness and response. WHO is working intensively with wide-ranging, multisectoral and multidisciplinary national, regional and global partners and stakeholders for EVD response, research and preparedness.
- ➔ Various international organizations and UN agencies, specialized agencies and non-governmental organizations are involved in response and preparedness activities; the organizations and their specific contributions have been previously reported.
- ➔ WHO continues to engage the Global Outbreak Alert and Response Network (GOARN), Emerging and Dangerous Pathogens Laboratory Network (EDPLN), Emerging Disease Clinical Assessment and Response Network (EDCARN), and the Emergency Medical Team (EMT) initiative – as well as regional operational partners and collaboration centres in Africa – to deploy experts and multidisciplinary teams for the response, and to support intensive preparedness and readiness activities in neighbouring and at-risk countries.
- ➔ WHO encourages wider coverage of partner operations via this report in response to demand from our planning teams. If you would like to see the activities of your agency or organization appears in the report, please send an email to [goarn@who.int](mailto:goarn@who.int).
- ➔ SONAR-global conducted an exercise “Mapping social sciences research for the Ebola response in Democratic Republic of the Congo and neighbouring countries”. See link: <http://sonar-global.eu/mapping-social-sciences-research-for-the-ebola-response-in-drc-and-neighboring-countries/>

## IHR travel measures and cross border health

- ➔ WHO currently advises against any restriction of travel and trade to the Democratic Republic of the Congo based on the currently available information. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event.

### 3. Conclusion

In the context of a tenuous security backdrop, new EVD cases continue to occur in North Kivu and Ituri provinces. While the confirmation of a case in the populous city of Goma is a notable development of the EVD outbreak, it was not an unforeseen event, as extensive preparation work has been completed in anticipation of this possibility in the past six months. Almost 3000 health workers have already been vaccinated and health centres have been provided with intensive training and equipment to improve infection prevention and control, while surveillance teams continue to diligently investigate numerous alerts each week. Safe and dignified burial teams have been trained and equipped and extensive community awareness campaigns have been conducted, along with PoC checks at border crossings. The continuous transmission in major hotspots and the involvement of new health areas remain a grave concern, and thus necessitates both the continuation of proven and the introduction of novel outbreak control interventions in all affected areas. It is imperative that resources, especially funding, be made available in order to maintain and potentially escalate the ongoing response operations over the wide geographical expanse of this EVD outbreak.